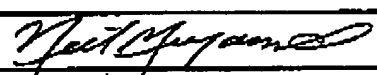


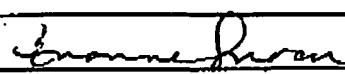
NOV 16 2005

PTO/SB/21 (09-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/007,270	
	Filing Date	November 8, 2001	
	First Named Inventor	Hageman, Gregory S.	
	Art Unit	1647	
	Examiner Name	Seharaseyon, Jegatheesan	
Total Number of Pages in This Submission	9	Attorney Docket Number	020618-000120US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input checked="" type="checkbox"/> Supplemental Communication (2 pp.) w/attached article (5 pp.). <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Neil G. Miyamoto		
Date	November 16, 2005	Reg. No.	50,370

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (571) 273-8300 on November 16, 2005.			
Signature			
Typed or printed name	Yvonne Mock	Date	November 16, 2005

60637754 v1

RECEIVED
CENTRAL FAX CENTER

NOV 16 2005

I hereby certify that this correspondence is being transmitted via facsimile to the United States Patent and Trademark Office, Fax No. (571) 273-8300, on November 16, 2005.

PATENT

Docket No.: 020618-000120US
Client Ref. No.: N8-79CIP2

TOWNSEND and TOWNSEND and CREW LLP

By: 

Yvonne Mock

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gregory S. HAGEMAN et al.

Application No.: 10/007,270

Filed: November 8, 2001

For: THERAPEUTICS AND
DIAGNOSTICS FOR OCULAR
ABNORMALITIES

Customer No.: 20350

Confirmation No.: 3566

Examiner: Seharaseyon, Jegatheesan

Art Unit: 1647

SUPPLEMENTAL COMMUNICATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This communication supplements the amendment filed September 7, 2005, which was filed with a Request for Continued Examination in response to the Final Office Action mailed March 22, 2005. In response to the Final Office Action mailed March 22, 2005, please enter the following remarks.

Remarks being on page 2 of this paper.